



## Acknowledgement and Disclosure Form

*This form shall be completed and signed by the employee and submitted to the Office of Human Resources annually.*

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Division/Facility: \_\_\_\_\_

### Policy Acknowledgement

The above noted individual affirms that s/he has read and understands DOC Policies 1.3.2, *Performance and Conduct*, 1.3.55 *Criminal Conviction in Employment*, and 1.1.17 *Prison Rape Elimination Act of 2003 (PREA)*

### Disclosures

I have been convicted of a felony. If the answer is yes, please provide the date of the conviction and the jurisdiction in which the conviction occurred.

☐ No ☐ Yes, Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

I have been convicted of Partner Family Member Assault, either felony or misdemeanor, or am currently the subject of an Order of Protection. If the answer is yes, please provide the date of the conviction/order and the jurisdiction in which the conviction/order occurred.

☐ No ☐ Yes, Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

I have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. If the answer is yes, please provide the date of event and the jurisdiction in which the event occurred.

☐ No ☐ Yes, Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

I have been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. If the answer is yes, please provide the date of event and the jurisdiction in which the event occurred.

☐ No ☐ Yes, Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_



I have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. If the answer is yes, please providing the date of event and the jurisdiction/location in which the event occurred.

☐ No    ☐ Yes, Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

I have been added to DPHHS's child abuse registry. If the answer is yes, please provide the date of event and the jurisdiction in which the event occurred.

☐ No    ☐ Yes, Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

I have engaged in sexual harassment of an inmate, detainee, or resident. If the answer is yes, please providing the date of event and the jurisdiction/location in which the event occurred.

☐ No    ☐ Yes, Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

By my signature below, I affirm the above information to be true and complete. I understand that material omissions regarding misconduct or violations of the above noted policies shall be grounds for termination.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date